

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750590

Entity Name: BRAE MOOR SOUTH HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**1569 BURNHAM LANE
DUNEDIN, FL 34698**Current Mailing Address:**1569 BURNHAM LANE
DUNEDIN, FL 34698**FEI Number:** 59-2186036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUKAMP, DAVID W
1569 BURNHAM LANE
DUNEDIN, FL 34698 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER
Name AUKAMP, DAVID W
Address 1569 BURNHAM LN
City-State-Zip: DUNEDIN FL 34698

Title SECRETARY
Name BAKER, TIA
Address 1525 FIFE COURT
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name CAMPBELL, STEPHEN
Address 1883 BRAEMOOR DR
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name RAY, SELDEN
Address 1939 BRAEMOOR DR
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name SHANK, DEBBIE
Address 1475 BURNHAM LN
City-State-Zip: DUNEDIN FL 34698

Title VP
Name RICE, SUSAN
Address 1902 ARGILE DR
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR
Name KLEIN, KEN
Address 1562 MAC CHARLES CT
City-State-Zip: DUNEDIN FL 34698

Title PRESIDENT
Name BANKARD, JOE
Address 1553 ROXBURG LN
City-State-Zip: DUNEDIN FL 34698

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID W AUKAMP**TREASURER****04/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HURS, ANNA	Name	PEAVLER, BRUCE
Address	1879 ARGILE DR	Address	1490 BURNHAM LN
City-State-Zip:	DUNEDIN FL 34698	City-State-Zip:	DUNEDIN FL 34698